

703

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		State File No. <u>162</u>	
County <u>Maricopa</u>	State <u>ARIZONA</u>	Registered No. <u>11</u>	
Township <u>SCOTTSDALE DIST</u>	City <u>Bartlett Dam</u>	No. <u>Bartlett Dam Hospital</u>	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>7</u> mos. <u>5</u> ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME <u>Ted Albert Wood</u>		How long in U. S. of foreign birth? <u>18</u> yrs. <u>7</u> mos. <u>5</u> ds.	
(a) Residence: No. <u>2311 N. 10th St-Phoenix</u>		(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Nov. 8, 1919</u>			
7. AGE Years <u>18</u> Months <u>7</u> Days <u>5</u> If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dam construction.</u>			
10. Date deceased last worked at this occupation (month and year) <u>July 13, 1938</u> 11. Total time (years) spent in this occupation <u>2</u>			
12. BIRTHPLACE (city or town) (State or Country) <u>Chandler, Arizona</u>			
13. NAME <u>Roy A. Wood</u>			
14. BIRTHPLACE (city or town) (State or Country) <u>Tempe, Arizona.</u>			
15. MAIDEN NAME <u>Florence Sellers</u>			
16. BIRTHPLACE (city or town) (State or Country) <u>Arizona.</u>			
17. INFORMANT <u>Thelma Wood Holt (Sister)</u> (Address) <u>206 N. Hibbert, Mesa.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Mesa, Cemetery</u> Date <u>7-16-38</u>			
19. EMBALMER License No. <u>225</u> Signature <u>J. Hausner</u> FUNERAL DIRECTOR <u>A. L. Moore & Sons.</u> Address <u>Phoenix, Arizona.</u>			
20. Filed <u>7-15-38</u> Registrar <u>Wm. Davis</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>7-13-1938</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 13, 1938</u> to <u>July 13, 1938</u> ; death is as I last saw him alive on <u>July 13, 1938</u> ; death is as to have occurred on the date stated above, at <u>11:10 A.M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Accidental fall - 70 feet.</u> <u>Crushed chest</u> <u>Hemoptysis</u> <u>Traumatic shock</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following Accident, <u>Accidental fall</u> Date of injury <u>July 13, 1938</u>			
Where did injury occur? <u>Bartlett Dam, Arizona.</u> (Specify city or town, county and State)			
Specify whether injury occurred in industry, in home, or in public place <u>Industry</u>			
Manner of injury <u>Accidental fall</u>			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>			
If so, specify <u>Hazard of construction.</u>			
(Signed) <u>Wm. Davis</u> M. (Address) <u>Box 1350; Phoenix.</u>			